Best Available Copy

PATENT APPLICATION : EE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 09/762380							
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			RATE	FEE	7	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FE	E .	OR	BASIC FEI	860
TOTAL CHARGEABLE CLAIMS	5 / minus 20=	. 31	X\$ 9=		OR		1800
INDEPENDENT CLAIMS	/2 minus 3 =	9	X40=		OR	X80=	120
MULTIPLE DEPENDENT CLAIM P	RESENT	Q	+135=		OR	+270=	220
* If the difference in column 1 is less than zero, enter *0" in column 2			TOTAL		OR	L	200
AJAMS AS AMENDED - PART II					1 _{OH}	TOTAL	3650
(Column 1) (Column 2) (Column 3)				ENTITY	OR	SMALL	THAN ENTITY
CLAIMS REMAINING AFTER AMENDMENT Total Independent	HIGH NUME PREVIO PAID I	BER PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total · 30	Minus . 2	0 =	X\$ 9=		OR	X\$18=	
Independent - FIRST PRESENTATION OF ML	Minus ()	= CLAIM	X40=		OR	X80=	
			+135=		OR	+270=	
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
. (Column 1)	(Colum	nn 2) (Column 3)	ADDIT. FEE		• •	NUUII. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total Independent Total Total Total Total Total Total Total	HIGHE NUMB PREVIO PAID F	BER PRESENT HUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total •	Minus ++	=	X\$ 9=		OR	X\$18=	
Independent •	Minus	-	X40=		OR	X80=	
FIRST PRESENTATION OF MU	LTIPLE DEPENDENT	CLAIM	+135=		OR	+270=	
			TOTAL		OR .	TOTAL	
(Column 1)	/Ont	0 (0.1	ADDIT. FEE		OH A	DDIT. FEE	
	(Colum HIGHE	ST			_		
CLAIMS REMAINING AFTER AMENDMENT Total Independent Independent	NUMB PREVIOU PAID F	USLY EXTRA	RATE	ADDI- TIONAL FEE	İ	RATE	ADDI- TIONAL
Total •	Minus ++	a	X\$ 9=		t	X\$18=	FEE
Independent •	Minus •••	=			OR		
FIRST PRESENTATION OF MUI	TIPLE DEPENDENT	CLAIM	X40=	(OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					OR	+270=	
"If the "Highest Number Previously Paid "If the "Highest Number Previously Paid The "Highest Number Previously Paid I	For IN THIS SPACE IS IN	eee than 20, enter "20."	TOTAL LODIT. FEE		DR AE	TOTAL DOIT. FEE	